RECORD OF ACTIVITY NO INVOICE AVAILABLE

This form is to be used in instances in which no invoice was provided by the merchant or if an invoice was lost.

Name of CWMA or Statewide Cost Share:	
Transaction Record:	
Activity Date:	
Merchant Name:	
Item(s) Purchased:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$ \$
	\$ \$
Total	\$
Reason invoice is not available:	
	Date:
Responsible Person's Signature	
	Date:
Supervisor's Signature	

Attach Original to Statement for Reconciliation